

MULTIPLE DEPENDENT CLAIM CALCULATION SHEET (USE WITH FORM PTO-875)						SERIAL NO. 10/089695	FILING DATE
						APPLICANT(S)	
6/30/05 CLAIMS							
	NO.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.
		IND.	DEP.	IND.	DEP.		
1	1	1		1			
2	1	1		1			
3	1	1		1			
4	1	1		1			
5	1	1		1			
6	1	1		1			
7	1	1		1			
8	1	1		1			
9	1	1		1			
10	1	1		1			
11	1	1		1			
12	1	1		1			
13	1	1		1			
14	1	1		1			
15	1	1		1			
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18	1	1		1			
19	1	1		1			
20	1	1		1			
21	1	1		1			
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48							
49							
50							
TOTAL IND.	1	1		1			
TOTAL DEP.	58	48		18			
TOTAL CLAIMS	59	48		19			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY